

<b>Case Number:</b>	CM14-0172007		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/20/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old female with a 6/20/09 injury date. The mechanism of injury was cumulative trauma while at work. In a 7/23/14 follow-up, the patient continued to complain of right shoulder pain. The provider indicated that the exam was unchanged but there were no specific objective findings recorded. Without being more specific, the provider indicated that conservative treatment was being done. Notable objective findings in prior reports include discomfort with pain on right shoulder elevation at about 95 degrees, positive impingement signs, and posterior deltoid tenderness. A right shoulder MRI on 11/8/11 showed a type III acromion and no rotator cuff tear. Diagnostic impression: right shoulder impingement syndrome. Treatment to date: medications. A UR decision on 9/30/14 denied the request for right shoulder arthroscopy with subacromial decompression on the basis that there is no documentation of the duration and type of prior conservative treatment measures. The requests for pre-op labs, urinalysis, EKG, chest x-ray, and medical evaluation were denied because the associated surgical procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Preoperative labs: CBC, PT, PTT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14), Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

**Decision rationale:** CA MTUS and ODG do not address this issue. The American Society of Anesthesiologists states that routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist; selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. Although routine pre-op labs would be warranted prior to this procedure, they cannot be approved given the non-certification of the associated procedure. Therefore, the request for preoperative labs: CBC, PT, PTT is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14), Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

**Decision rationale:** CA MTUS and ODG do not address this issue. The American Society of Anesthesiologists states that routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist; selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management. Although routine pre-op labs would be warranted prior to this procedure, they cannot be approved given the non-certification of the associated procedure. Therefore, the request for urinalysis is not medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14), Preoperative testing, general / Preoperative electrocardiogram (ECG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and lab testing

**Decision rationale:** CA MTUS does not address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. However, an EKG does not appear to be indicated for this 38 year old patient with no cardiac comorbidities. In addition, this request cannot be approved given the non-certification of the associated procedure. Therefore, the request for EKG is not medically necessary.

**Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14), Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and lab testing

**Decision rationale:** CA MTUS does not address this issue. ODG states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. However, a chest x-ray does not appear to be indicated in this otherwise healthy 38-year old patient. In addition, this request cannot be approved given the non-certification of the associated procedure. Therefore, the request for chest x-ray is not medically necessary.

**Preoperative medical evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14), Preoperative lab testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

**Decision rationale:** CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, a medical evaluation does not appear to be indicated in this 38 year-old patient. In addition, this request cannot be approved given the non-certification of the associated procedure. Therefore, the request for pre-operative medical evaluation is not medically necessary.

**Right shoulder arthroscopy with subacromial decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (last updated 8/27/14), Diagnostic arthroscopy / Surgery for impingement syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter--Surgery for impingement syndrome

**Decision rationale:** CA MTUS states that surgery for impingement syndrome is usually arthroscopic decompression (acromioplasty). However, this procedure is not indicated for patients with mild symptoms or those who have no limitations of activities. In addition, MTUS states that surgical intervention should include clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. Conservative care, including cortisone injections, should be carried out for at least three to six months prior to considering surgery. However, in this case there is a lack of documentation regarding the type, duration, and result of prior conservative treatment measures. There is no indication that the patient has tried physical therapy for impingement syndrome, or a subacromial cortisone injection. It is not clear if NSAIDS have been tried and for how long. Therefore, the request for right shoulder arthroscopy with subacromial decompression is not medically necessary.